DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below at 201 et seq. underneath my name.

I believe I am the original, first and sole inventor if only one name is listed at 201 below, or an original, first and joint inventor if plural names are listed at 201 ci below, of the subject matter which is claimed and for which a patent is sought on the invention entitled METHOD AND APPARATUS FOR ACCESS ELECTRONIC DATA VIA A FAMILIAR PRINTED MEDIUM, the specification of which:

is attached hereto

X was filed on May 25, 1994 as Application Serial No. 08/250799 (for declaration not accompanying application)

with amendment(s) filed

(if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referr

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regular

I hereby claim foreign priority benefits under Title 35, United States Code, §119/§172 of any foreign application(s) for patent or inventor's certificate listed b and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is clai

EARLIEST FOREIGN APPLI	CATION(S), IF ANY, FILED PRI	OR TO THE FILING DATE OF THE	APPLICATION	
APPLICATION NUMBER	COUNTRY	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 35 U.S.C. 119/172	
			YES O	NO E
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I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each a claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code: I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date prior application and the national or PCT international filing date of this application:

APPLICATION SERIAL NO.	FILING DATE	STATUS			
		PATENTED	PENDING	ABANDONED	
			-		
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. POWER OF ATTORNEY: As a named inventor, I hereby appoint John F. Ward (Reg. No. 33,811) and John W. Olivo, Jr. (Reg. No. 35,634), whose address is & Olivo, 708 Third Avenue, New York, New York 10017, and each of them, my attorneys, to prosecute this application, and to transact all business in the and Trademark Office connected therewith.

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SEND CORRESPONDENCE TO: WARD & OLIVO DIRECT TELEPHONE CALLS TO: 708 THIRD AVENUE WARD & OLIVO NEW YORK, NEW YORK 10017 (212) 697-6262 LAST NAME itrsi name MIDDLE NAME **FULL NAME RATHUS SPENCER** A. OF INVENTOR 2 STATE OR POREIGN COUNTRY COUNTRY OF CITIZENSUIP **RESIDENCE &** 0 UNITED STATES OF AMERICA SHORT HILLS **NEW JERSEY** CITIZENSHIP POST OFFICE ADDRESS STATE OR COUNTRY ZIP CODE POST OFFICE 31 KNOLLWOOD ROAD SHORT HILLS **NEW JERSEY** 07078 **ADDRESS** LAST NAME FIRST NAME MIDDLE NAME **FULL NAME** NEVID **JEFFREY** S. OF INVENTOR 2 ar STATE OR POREIGN COUNTRY COUNTRY OF CITIZENSIEF RESIDENCE & 0 **NEW YORK NEW YORK** UNITED STATES OF AMERICA CITIZENSHIP POST OFFICE ADDRESS STATE OR COUNTRY ZIP CODE POST OFFICE 382 CENTRAL PARK WEST, #11D **NEW YORK NEW YORK** 10025 **ADDRESS** LAST NAME FIRST NAME MIDDLE NAME **FULL NAME** FICHNER-RATHUS LOIS OF INVENTOR 2 STATE OR PORTION COUNTRY COUNTRY OF CITIZENSHIP 0 **RESIDENCE &** SHORT HILL **NEW JERSEY** UNITED STATES OF AMERICA CITIZENSHIP POST OFFICE ADORESS STATE OR COUNTRY ZIT CODE POST OFFICE 31 KNOLLWOOD ROAD SHORT HILLS **NEW JERSEY** 07078 **ADDRESS** LAST NAME FIRST NAME MIDULE NAME **FULL NAME** OF INVENTOR 2 STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSTOP RESIDENCE & 0 CITIZENSHIP 4 POST OFFICE ADDRESS ary STATE OR COUNTRY ZIP CODE POST OFFICE **ADDRESS** LAST NAME MIDDLE NAME FIRST NAME -**FULL NAME** OF INVENTOR 2 aty STATE OR FORLIGN COUNTRY COUNTRY OF CITIZENSHIP RESIDENCE & 0 CITIZENSHIP 5 POST OFFICE ADDRESS an STATE OF COUNTRY ZIP CODE POST OFFICE **ADDRESS** LAST NAME FIRST NAME MIDDLE NAME **FULL NAME** OF INVENTOR 2 STATE OR POREIGN COUNTRY an COUNTRY OF CITIZENSIUS RESIDENCE & 0 CITIZENSHIP 6 aty STATE OR COUNTRY ZIP CODE POST OFFICE ADDRESS POST OFFICE ADDRESS

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 201	SIGNATURE OF INVESTIGNATION S- Man	LOIS 17 Cluy - Ractus
DATE 6/23/94	6/24/94	DATE 6/23/94
SIGNATURE OF INVENTUR 204	SIGNATURE OF INVENTOR 265	Signature of inventor 206
DATE	DATE	DATE